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Bib Data Sheet

CONFIRMATION NO. 6996

SERIAL NUMBER 09/756,386	FILING DATE 01/08/2001 RULE	CLASS 379	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 081607-1021
APPLICANTS Thomas D. Petite, Douglasville, GA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/102,399 06/22/1998 379/155 Rex, WHICH IS A CIP OF 08/825,576 03/31/1997 WHICH IS A CIP OF 08/895,720 07/17/1997 PAT 5,926,531 WHICH IS A CIP OF 08/910,980 08/07/1997 WHICH CLAIMS BENEFIT OF 60/040,316 02/14/1997 AND CLAIMS BENEFIT OF 60/059,643 09/20/1997				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/20/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY GA	SHEETS DRAWING 10	TOTAL CLAIMS 41 INDEPENDENT CLAIMS 8
ADDRESS THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP STE 1750 100 GALLERIA PARKWAY, NW ATLANTA, GA 30339-5948				
TITLE Multi-function general purpose transceiver				
FILING FEE RECEIVED 664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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APPLICANTS

Thomas D. Petite, Douglasville, GA;

** CONTINUING DATA *****

This application is a CON of 09/102,399 06/22/1998 PAT 6,233,327
 which is a CIP of 08/825,576 03/31/1997
 which is a CIP of 08/895,720 07/17/1997 PAT 5,926,531
 which is a CIP of 08/910,980 08/07/1997
 which claims benefit of 60/040,316 02/14/1997
 and claims benefit of 60/059,643 09/20/1997

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Troutman Sanders LLP
 Bank of America Plaza
 600 Peachtree Street, N.E.
 Suite 5200
 Atlanta, GA 30308-2216

TITLE

Multi-function general purpose transceiver

FILING FEE RECEIVED 664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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